
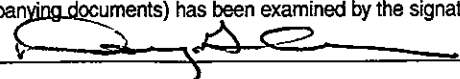
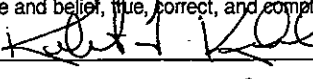


MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.																		
For Official Use 	1. FILE NUMBER <div style="border: 1px solid black; padding: 5px; text-align: center;">529-982</div>	2. PERIOD COVERED <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">MO</th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">YEAR</th> </tr> <tr> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">2000</td> </tr> <tr> <td colspan="3">From</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">31</td> <td style="border: 1px solid black; text-align: center;">2000</td> </tr> <tr> <td colspan="3">Through</td> </tr> </table>	MO	DAY	YEAR	01	01	2000	From			12	31	2000	Through			3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
MO	DAY	YEAR																
01	01	2000																
From																		
12	31	2000																
Through																		
IMPORTANT BILLIE DAVENPORT (2) 529-982 TEAMSTERS AFL-CIO 331 LU 2000AIRLINE DIVISION 2850 METRO DRIVE 225 BLOOMINGTON, MN 55425 12/2000 <div style="border-top: 1px solid black; height: 15px; width: 100%; margin-top: 10px;"></div>		8. MAILING ADDRESS <i>(Type or print in capital letters.)</i> First Name _____ Last Name _____ P.O. Box • Building and Room Number <i>(if any)</i> _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____ 9. Are your organization's records kept at its mailing address? <i>(If "No," provide address in Item 75.)</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																
4. AFFILIATION OR ORGANIZATION NAME 5. DESIGNATION <i>(Local, Lodge, etc.)</i> _____ 6. DESIGNATION NUMBER _____ 7. UNIT NAME <i>(if any)</i> _____		75. ADDITIONAL INFORMATION <i>(If more space is needed, attach additional pages properly identified.)</i> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> Item Number <div style="font-size: 1.5em; margin-top: 20px;">SEE ATTACHED SCHEDULE</div> </div>																
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. <i>(See Section VI on penalties in the instructions.)</i>																		
76. SIGNED:  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 3 / 22 / 01 (952) 854-2738 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Date Telephone Number </div>		77. SIGNED:  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 3 / 22 / 01 (952) 854-2738 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Date Telephone Number </div>																
PRESIDENT <i>(If other title, see instructions.)</i>		SECRETARY-TREASURER <i>(If other title, see instructions.)</i>																

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | X | |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 11000
19. What is the date of your organization's next regular election of officers? MO 11 YEAR 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 20-44 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 100
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per N/A (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? X
24. Did your organization have any contingent liabilities at the end of the reporting period? X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 529-982

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash.....		213287	577354
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	104433	54927
	31. Other Assets.....	3	5159	11005
	32. TOTAL ASSETS.....		322879	643286
LIABILITIES	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
	37. TOTAL LIABILITIES.....		0	0
	38. NET ASSETS (Item 32 less Item 37).....		322879	643286

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 529-982

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		4198004	56. To Officers	9	224090
40. Per Capita Tax		0	57. To Employees	10	1286321
41. Fees		91730	58. Per Capita Tax		674812
42. Fines		0	59. Fees, Fines, Assessments, etc.		120370
43. Assessments		0	60. Office & Administrative Expense	13	572284
44. Work Permits		0	61. Educational & Publicity Expense ...		2963
45. Sale of Supplies		0	62. Professional Fees		340805
46. Interest		12415	63. Benefits	11	189100
47. Dividends		0	64. Contributions, Gifts & Grants	12	8530
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		143528
50. Loans Obtained	8	0	67. Withholding Taxes		153012
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	3833
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		269	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	167634	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members ...		269
			73. Other Disbursements	15	386608
55. TOTAL RECEIPTS		4470652	74. TOTAL DISBURSEMENTS		4106585

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 529 - 982

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)	0	0	0	0	0
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	0
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 529-982

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	11005
7. Total of Lines 1 through 6	11005
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	0
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 529-982

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):	0		0	N/A
2. Totals from additional pages (if any)	0		0	N/A
3. Buildings (give location):	0	0	0	N/A
4. Totals from additional pages (if any)	0	0	0	N/A
5. Automobiles and Other Vehicles	0	0	0	N/A
6. Office Furniture and Equipment	351789	308710	43079	N/A
7. Other Fixed Assets	64098	52250	11848	N/A
8. Totals of Lines 1 through 7	415887	360960	54927	N/A
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0
			7. Less Reinvestments	0
			8. Net Sales	0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 529-982

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SEE ATTACHED SCHEDULE			
2.			
3.			
4.			
5. Totals from additional pages (if any)	3833	3833	3833
6. Totals of Lines 1 through 5	3833	3833	3833
			7. Less Reinvestments
			0
			8. Net Purchases
			3833

Enter the Total from Line 8 in Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0

Enter the Totals from Line 6 in Item 34 Item 50 Item 70 Item 75 Item 34

Column (C) with Explanation Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 529-982

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. DAVENPORT Last Name: DAVENPORT First Name: BILLIE Title: PRESIDENT Status: C		77201	4800	5133	0	87134
2. CAMPBELL Last Name: CAMPBELL First Name: DANNY Title: SECY-TREASURER Status: C		49133	4200	2566	0	55899
3. HABIB Last Name: HABIB First Name: AL Title: VICE PRESIDENT Status: C		62455	8100	2361	0	72916
4. TOOMBS Last Name: TOOMBS First Name: ANNE Title: RECORDING SECY Status: C		527	3400	1141	0	5068
5. BENNETT-WILL SHADLEA Last Name: BENNETT-WILL SHADLEA First Name: Title: TRUSTEE Status: C		2532	3250	1231	0	7013
6. CRANDALL Last Name: CRANDALL First Name: JOAN Title: TRUSTEE Status: C		992	3250	454	0	4696
7. OFFERLE Last Name: OFFERLE First Name: LOVEY Title: TRUSTEE Status: C		4910	3250	1313	0	9473
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		197750	30250	14199	0	242199
10. Less Deductions				18109		
Enter the Total from Line 11 in Item 56 ⇨				11. Net Disbursements 224090		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 529-982

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> MILLER <small>First Name</small> LYNN Position BOOKKEEPER Name of Affiliated Organization N/A	60803	0	952	0	61755
2. <small>Last Name</small> MCCANN <small>First Name</small> CASEY Position SECRETARY Name of Affiliated Organization N/A	11897	0	0	0	11897
3. <small>Last Name</small> BARROW-WEST <small>First Name</small> DAVID Position BASE REP Name of Affiliated Organization N/A	58886	4400	837	0	64123
4. <small>Last Name</small> VEVERICA <small>First Name</small> JOANNE Position SECRETARY Name of Affiliated Organization N/A	42074	0	460	0	42534
5. <small>Last Name</small> MAY <small>First Name</small> LAWANA Position TITAN OPERATOR Name of Affiliated Organization N/A	44968	0	641	0	45609
6. Totals from additional pages (if any)	1052598	80100	32344	0	1165042
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	15636	800	13828	0	30264
8. Totals of Lines 1 through 7	1286862	85300	49062	0	1421224
			9. Less Deductions 134903		
Enter the Total from Line 10 in..... Item 57 ➡			10. Net Disbursements 1286321		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 529-982

Description (A)	To Whom Paid (B)	Amount (C)
1. <u>SEE ATTACHED SCHEDULE</u>		
2.		
3.		
4.		
5. Total from additional pages (if any)		<u>189160</u>
6. Total of Lines 1 through 5		<u>189160</u>
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. <u>SEE ATTACHED SCHED</u>	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	<u>8530</u>
8. Total of Lines 1 through 7	<u>8530</u>
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. <u>SEE ATTACHED SCHED</u>	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	<u>572284</u>
8. Total of Lines 1 through 7	<u>572284</u>
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHED	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	167634
17. Total of Lines 1 through 16	167634
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHED	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	386608
17. Total of Lines 1 through 16	386608
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
TEAMSTERS AFL-CIO LU 2000

ENDING DATE OF PERIOD COVERED:
12/31/00

FILE NUMBER: 529-982

PAGE 1 OF 4 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>WENDT</div> </div> <div> <div>First Name</div> <div>LORI</div> </div> <div> <div>Position</div> <div>SECRETARY</div> </div> <div> <div>Name of Affiliated Organization</div> <div>N/A</div> </div>	27 095	0	230	0	27 325
<div> <div>Last Name</div> <div>ROSS</div> </div> <div> <div>First Name</div> <div>JACQUEL</div> </div> <div> <div>Position</div> <div>BASE REP</div> </div> <div> <div>Name of Affiliated Organization</div> <div>N/A</div> </div>	56 331	4 800	1 422	0	62 553
<div> <div>Last Name</div> <div>MCNEELY</div> </div> <div> <div>First Name</div> <div>ASHLEY</div> </div> <div> <div>Position</div> <div>BASE REP</div> </div> <div> <div>Name of Affiliated Organization</div> <div>N/A</div> </div>	56 983	8 100	1 724	0	66 807
<div> <div>Last Name</div> <div>THOMPSON</div> </div> <div> <div>First Name</div> <div>RANDALL</div> </div> <div> <div>Position</div> <div>BASE REP</div> </div> <div> <div>Name of Affiliated Organization</div> <div>N/A</div> </div>	57 600	4 800	1 941	0	64 341
<div> <div>Last Name</div> <div>WISSER</div> </div> <div> <div>First Name</div> <div>GLENN</div> </div> <div> <div>Position</div> <div>BASE REP</div> </div> <div> <div>Name of Affiliated Organization</div> <div>N/A</div> </div>	50 783	4 800	956	0	56 539
Totals	248 792	22 500	6 273	0	277 565

ORGANIZATION NAME:
TEAMSTERS AFL-CIO **LM 2000**

ENDING DATE OF PERIOD COVERED:
12/31/00

FILE NUMBER: **529-982**

PAGE **2** OF **4** ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SMITH First Name: KATHY Position: BASE REP Name of Affiliated Organization: N/A	56565	4800	1009	0	62374
Last Name: RIFLE First Name: GREGORY Position: BASE REP Name of Affiliated Organization: N/A	57105	4800	362	0	62267
Last Name: GEORGE First Name: PATRICI Position: SECRETARY Name of Affiliated Organization: N/A	29862	0	275	0	30137
Last Name: RICKARD First Name: TARA Position: SECRETARY Name of Affiliated Organization: N/A	34214	0	32	0	34246
Last Name: KAZEMI First Name: JOANNE Position: BASE REP Name of Affiliated Organization: N/A	53311	4800	1419	0	59530
Totals	231057	14400	3097	0	248554

ORGANIZATION NAME: **TEAMSTERS AFL-CIO LU 2000**

ENDING DATE OF PERIOD COVERED: **12/31/00**

FILE NUMBER: **529-982**

PAGE **3** OF **4** ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: SANDVIK First Name: KATHLEE Position: BASE REP Name of Affiliated Organization: N/A	57626	4800	2557	0	64983
Last Name: WILSON First Name: DAVID Position: BASE REP Name of Affiliated Organization: N/A	57758	4800	1697	0	64255
Last Name: MONTGOMERY First Name: LINDA Position: SECRETARY Name of Affiliated Organization: N/A	49373	0	109	0	49482
Last Name: RAINEY First Name: WILLIAM Position: BASE REP Name of Affiliated Organization: N/A	61811	4800	3793	0	70404
Last Name: SCARCELLA First Name: JOSEPH Position: BASE REP Name of Affiliated Organization: N/A	58709	4800	9519	0	73028
Totals	285277	19200	17675	0	322152

ORGANIZATION NAME
TEAMSTERS AFL-CIO LU 2000

ENDING DATE OF PERIOD COVERED:
12/31/00

FILE NUMBER: 529-982

PAGE 4 OF 4 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: VAN SPEYBROE First Name: SCOTT Position: BASE REP Name of Affiliated Organization: N/A	56572	4800	74	0	61446
Last Name: PETERSON First Name: ALLEN Position: BASE REP Name of Affiliated Organization: N/A	61105	4800	1936	0	67841
Last Name: SMATANA First Name: ERIC Position: BASE REP Name of Affiliated Organization: N/A	57626	4800	1378	0	63804
Last Name: DOUGHERTY First Name: TIM Position: BASE REP Name of Affiliated Organization: N/A	55683	4800	998	0	61481
Last Name: KRABBE First Name: ROBERT Position: BASE REP Name of Affiliated Organization: N/A	56486	4800	913	0	62199
Totals	287472	24000	5299	0	316771

Period End Date: 12-31-2000

File Number: 529-982

Page 1 of 8

SCHEDULE 3 -- OTHER ASSETS

[illegible]

Period End Date: 12-31-2000

File Number:

529-982

Page 2 of 8

SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS

[illegible]

Period End Date: 12-31-2000

File Number: 529-982

Page 3 of 8

SCHEDULE 11 - BENEFITS

[illegible]

Period End Date: 12-31-2000

529-982

Page 4 of 8**SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other**[illegible]

Period End Date: 12-31-2000

File Number:

529-982

Page 5 of 8

SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other

Description (A)	Amount (B)
RENT	112,675
SUPPLIES AND PRINTING	79,425
COMMON GROUND NEWSLETTER	61,340
POSTAGE	43,245
BANK CHARGES	2,357
LEASE EXPENSE	44,597
TELEPHONE	179,593
MACHINE MAINTENANCE	12,912
GENERAL INSURANCE	15,305
SURETY BOND	1,660
INTERNET EXPENSE	10,082
CHECKS UNCOLLECTED AND RETURNED	48
MEETING AND COMMITTEE EXPENSE	2,159
HOTEL/TRAVEL PAID TO VENDOR	1,040
SECURITY DEPOSIT	5,846
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Office & Administrative Expense - other	572,284

Period End Date: 12-31-2000

File Number:

529-982

Page 6 of 8

SCHEDULE 14 -- OTHER RECEIPTS - Other

Description (A)	Amount (B)
BROADWING TELECOMM COMMISSION	8,392
ADMIN NWA FLIGHT LOSS	150,000
REFUND - MEETING.COMMITTEE EXPENSE	2,159
REFUND - TELEPHONE	619
REFUND - PAYROLL TAXES	575
REFUND - SUPPLIES/PRINTING	3,804
REFUND - GENERAL INSURANCE	711
REFUND - OTHER PROFESSIONAL FEES	296
REFUND - POSTAGE	11
REFUND - ARBITRATION FEES	724
REFUND - LEGAL FEES	343
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other receipts - other	167,634

Period End Date: 12-31-2000

File Number:

529-982

Page 7 of 8**SCHEDULE 15 -- OTHER DISBURSEMENTS - Other**

Description (A)	Amount (B)
FLIGHT LOSS NWA	191,200
TEAMSTERS JOINT COUNCIL 32 401(K) ASSESSMENT	2,162
REFUND - DUES	1,994
REFUND - INITIATION FEES	1,294
UTILITIES	3,826
FLOWERS EXPENSE	1,053
ELECTION EXPENSE	28,590
INTEREST EXPENSE	7
UNALLOCATED MEETING/COMMITTEE EXPENSE	156,482
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Disbursements - other	386,608

Item 13 Depreciation expense: Office furniture & equipment
Other fixed assets

\$43,156
7,719
\$50,875

Item 14 Thomas Havey LLP, an independent public accounting firm.
International Brotherhood of Teamsters

Item 15 In July 2000, the Local had two laptop computers stolen from the national office in Minneapolis. A police report was filed with the local police department and a claim was also sent to the Local's insurance company, however, they have yet to receive any reimbursement for their loss. The two laptop computers had a cost of \$5,064, accumulated depreciation of \$2,600, which resulted in a loss of \$2,464 on the stolen equipment.

Item 24 The Office and Professional Employees International Union Local 12 contract covering clerical employees provides that upon permanent layoff or termination, as defined in the contract, an office employee who has established seniority shall be entitled to discharge and dismissal pay equal to one week's pay for each year of service up to a maximum of five weeks. At December 31, 2000, the future liability amounted to approximately \$20,000 which is not reflected in the accompanying LM-2.

Item 72 This item reflects only disbursements on behalf of individual members for other than normal operating purposes. All of our expenses benefit the entire union membership and individuals are not normally singled out for special benefits.

Item 76 Effective January 1, 2001, the Local has new officers. Therefore, the new President will be signing the return.

Item 77 Effective January 1, 2001, the Local has new officers. Therefore, the new Secretary-Treasurer will be signing the return. The Chief Financial Officer is the Secretary-Treasurer.

Additional information

Union Local 2000 and Northwest Airlines, Inc. entered into an agreement in November 1993 whereby salaries of full-time officers and base representatives and the related payroll taxes are initially paid by Northwest Airlines and are then reimbursed by the Local. This is being done for purposes of covering those individuals under the company's pension and profit sharing plans. Salaries and related payroll taxes reimbursed to Northwest Airlines amounted to approximately \$920,000.

Northwest Airlines, Inc. also continues to pay the salary of members taken off the line for Local business. The Local then reimburses the company for these salaries. The company has agreed to absorb \$150,000 of flight loss pay per year.

